

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2016-21531		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE						
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 11/20/16	DAY Sun	TIME: MILITARY 1801					
CRASH OCCURRED ON 236 Cincinnati Ave Apt B						WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE					
LOG 1		LOG 2		LOC JUR FH9 FILT									
A	UNIT NO. 1	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Allstate						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Willey, Jessica					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 236 Cincinnati Ave Apt B, Leb, OH, 45036								
PHONE NO. 937-825-9615		BIRTH DATE 12/23/93	AGE 22	SEX F	SOCIAL SECURITY NO. NIA		STATE OH	DRIVER'S LICENSE NO. TU897520	OCCUPATION NIA				
OWNER (IF SAME AS DRIVER, WRITE SAME) Same					ADDRESS Same			PHONE Same					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
2004	Dodge	43	BLK	45	OH	GWV9372	NIA	FROM TO					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED					
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
B	UNIT NO. 2	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT Unknown						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) Unknown								
PHONE NO. Unknown		BIRTH DATE Unknown	AGE Unknown	SEX Unknown	SOCIAL SECURITY NO. Unknown		STATE Unknown	DRIVER'S LICENSE NO. Unknown	OCCUPATION Unknown				
OWNER (IF SAME AS DRIVER, WRITE SAME) Unknown					ADDRESS Unknown			PHONE Unknown					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	NIA	FROM TO					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED					
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			PHONE	SEX	A B C D E F			A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	A B C D E F			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS			PHONE	SEX	A B C D E F			CONDITION			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	A B C D E F			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS			PHONE	SEX	A B C D E F			RESTRAINTS			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	A B C D E F			ALCOHOL			
		ADDRESS			PHONE	SEX	A B C D E F			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED			
		OFFENSE CHARGED AND DESCRIPTION			A B C D E F			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
		OFFENSE CHARGED AND DESCRIPTION			A B C D E F			EJECTION			DRUGS		
		A <input type="checkbox"/> ORC CITY ORD.			A B C D E F			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		
		O <input type="checkbox"/> ORC CITY ORD.			A B C D E F			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		
RECEIVED CALL 1801		DISPATCHED 1802	ARRIVED 1803	CLEARED 1809	OTHER TIME 0000	TOTAL MINUTES 0006	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
DATE REPORT FILED 11/20/16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME E. Holmes		BADGE NO. 9122	CHECKED BY							